

Work Order ID 108498

108498

Page 1

October-17-13 1:41:31 PM

Item ID: 646.3315

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Blade

Start Date: 10/17/13 Start Qty: 12.00

12

Cust Item ID:

Required Date: 10/17/13 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: MLJ Date: 13-10-21

Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____

Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
646.3300	N/C

100

0.00

1000

BAND SAW

Bandsaw

Memo

0.00

leasca Bandsaw

Cut Blank at 2.600"

JFC 2013-11-04

12 ϕ

110

0.00

1110

HAAS CNC VERTICAL MACHINING #1

HAAS 1

Memo

0.00

HAAS CNC vertical machine #1

1-Machine per folio FB147

DWG REV: NIC

FOLIO REV: AA

JFC 2013-11-04

12 ϕ

OK/MH 13/11/05

2- deburr and break all sharp edges except otherwise noted

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%; font-size: small;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

☐ Ovalized
☐ Over/Under tolerance
☐ Part Incorrect
☐ Part Lost/Missing
☐ Part Moved
☐ Positioned Wrong
☐ Power Loss/Surge

☐ Pressure/Forced
☐ Temperature/Cure
☐ Weld
☐ Wrong Stock Pulled
☐ Other

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Skid-tube <input type="checkbox"/></td> <td style="width: 33%;">Crosstube <input type="checkbox"/></td> <td style="width: 33%;">Water Jet <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> </tr> </table> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 33%;">Engineering <input type="checkbox"/></td> <td style="width: 33%;">Quality <input type="checkbox"/></td> <td style="width: 33%;">Other <input type="checkbox"/></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 108498

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Page 3

October-17-13 1:41:31 PM

Item ID: 646.3315

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Blade

Start Date: 10/17/13 Start Qty: 12.00

12

Cust Item ID:

Required Date: 10/17/13 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: Date: Tooling: Date:

Run Start *NR1*

QC: Date: SPC (Y/N): Date:

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	Receive & Inspect for Damage & Mat'l Certs	0.00							
150									
Packaging	Memo	0.00							
Packaging									
155	QC5- Inspect part completeness to step on W/O	0.00							
155									
QC	Memo	0.00							
Quality Control									
160	Spray Painting per QSI005 4.2	0.00							
160									
SprayPaint	Memo	0.00							
Spray Painting	PRIME AS PER DWG, SEE NOTE #4								
	PRIMER BATCH: 127401								

12 13/14/26 12

12 13-12-06

12 13-12-07

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
--	---	---

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 108498

108498

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October-17-13 1:41:31 PM

Item ID: 646.3315

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Blade

Start Date: 10/17/13 Start Qty: 12.00

12

Cust Item ID:

Required Date: 10/17/13 Req'd Qty: 12.00

12

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start *NR1*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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170 QC14- Inspect Spray Paint

0.00

170

QC Memo

0.00

Quality Control

12

(DAS)
(05) 13-12-09180 Identify as per dwg & Stock Location: *composites* 0.00

180

Packaging Memo (Finishing) 0.00

Packaging ***IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV***

12

(DAS)
(05) 13-12-09

190 QC21- Final Inspection - Work Order Release 0.00

190

QC Memo 0.00

Quality Control

13/12/11

R/B-10

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
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		<input type="checkbox"/> Ovalized
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		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Picklist Print

October-17-13 1:41:31 PM

Page 1

Work Order ID: 108498
 Parent Item: 646.3315
 Parent Item Name: Blade

Start Date: 10/17/13 Required Date: 10/17/13
 Start Qty: 12.00 Required Qty: 12.00

Comments: IPP REV:A NEW ISSUE 12/11/07 JFS VERIFY BY: JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MSTEEL-A2- B0.500X1.250		Purchased	No			100	f	161.6855	0.217	2.7410532			

SAIST A2 TOOL STEEL BAR, 0.500 X 1.250

Location	Loc Qty	Loc Code
MAT009	161.6855001	
123250	0.0000001	
125350	0.5946	
M126166	42.6909	
M126438	118.4	

3.00 JFC 2013-11-04

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

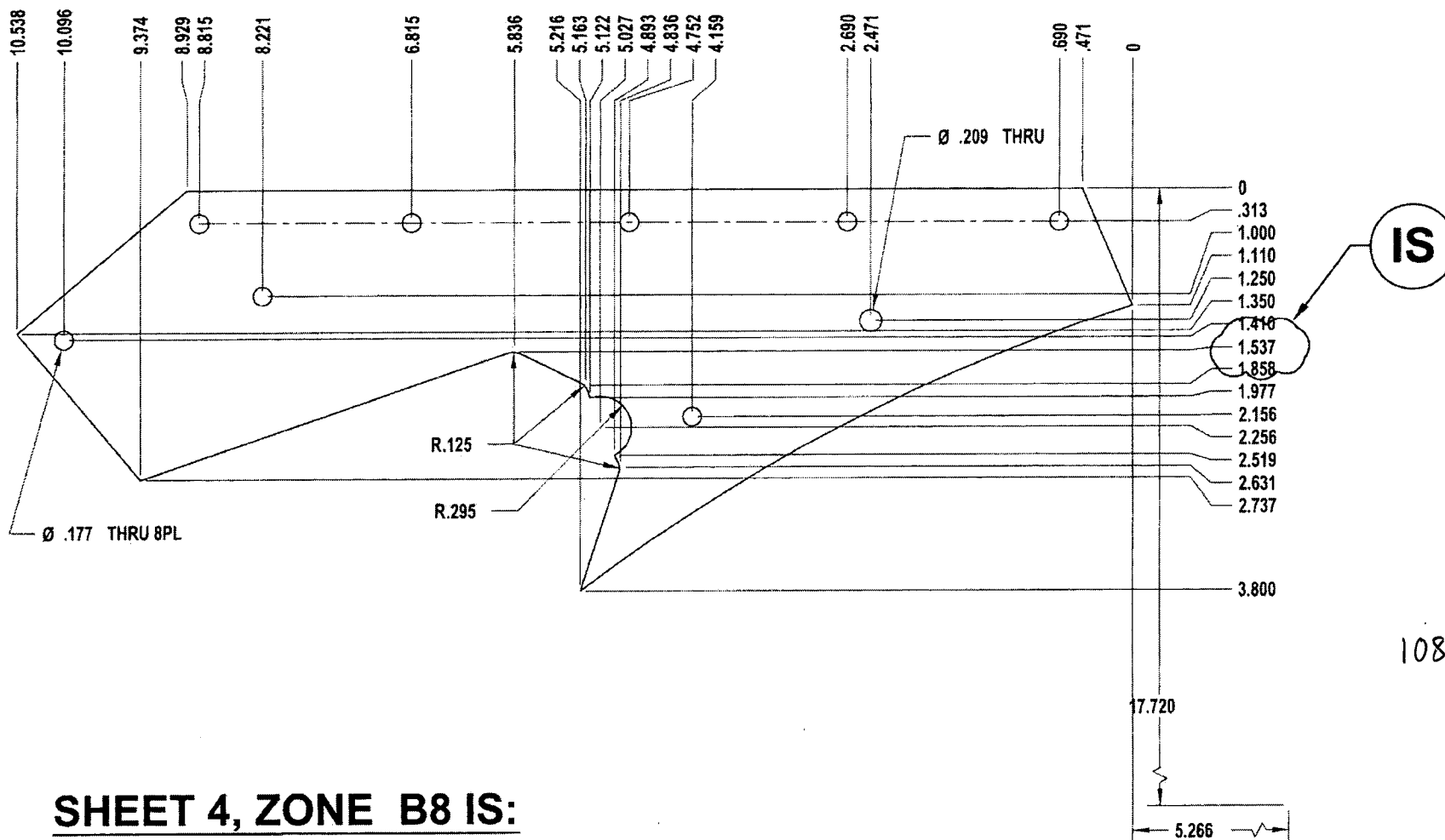
Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
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		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICE NO. 03724				SHEET 1 OF 1	
	DWG NO. 646.3300	REV: N/C	PREPARED BY B. PETERS	DATE: 12/05/12	EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
	DWG TITLE: UPPER CUTTER ASSY					
APPROVED BY: <i>[Signature]</i>		ENGR: <i>[Signature]</i>	MFG: <i>[Signature]</i>	QC: <i>[Signature]</i>	EFF: NEXT ORDER	
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: REVISED ORDINATE DIMENSION.				ECR: D-12-025



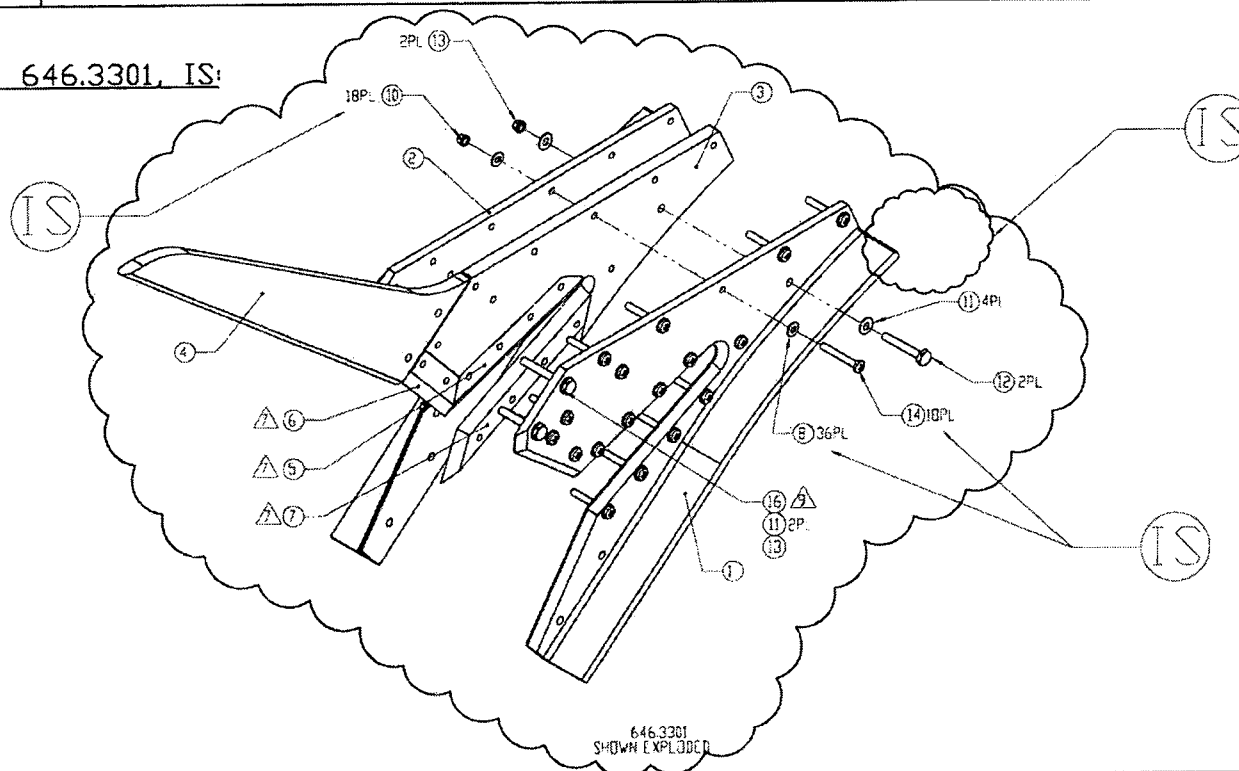
SHEET 4, ZONE B8 IS:

DOCUMENTS EFFECTED:	<input type="checkbox"/> RFMS <input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRUCC <input type="checkbox"/> ICA <input type="checkbox"/> BOM	CHANGE CATEGORY	DER REVIEW REQUIRED
		<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

108498

APICAL INDUSTRIES, INC.	ENGINEERING CHANGE NOTICL NO.		02196		SHEET 1 OF 2	
	DWG NO.	646.3300	REV: N/C	PREPARED BY	S. HUFF	DATE: 01/05/09
	DWG TITLE:		UPPER CUTTER ASSY			
	APPROVED BY:	ENGR <i>[Signature]</i>	MFG	<i>[Signature]</i>	QC	88f
TRANSACTION CODES (TC): A-ADD C-CREATE R-REVISE D-DELETE		REASON: REMOVED RIVETS IN FAVOR OF ADDITIONAL SCREWS				
EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.						
EFF: NEXT ORDER						

SHEET 1, VIEW 646.3301, IS:



14	R	601.2765	18	SCREW	MS27039-0819
10	R	601.1541	18	LOCKNUT	MS21042L08
9	D	601.2766	3	RIVET	MS20470AD5-18
8	R	601.2764	36	WASHER	NAS1149FN832P
			.3301		
F/N TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION	
DOCUMENTS EFFECTED:					CHANGE CATEGORY
					DER REVIEW REQUIRED

108498

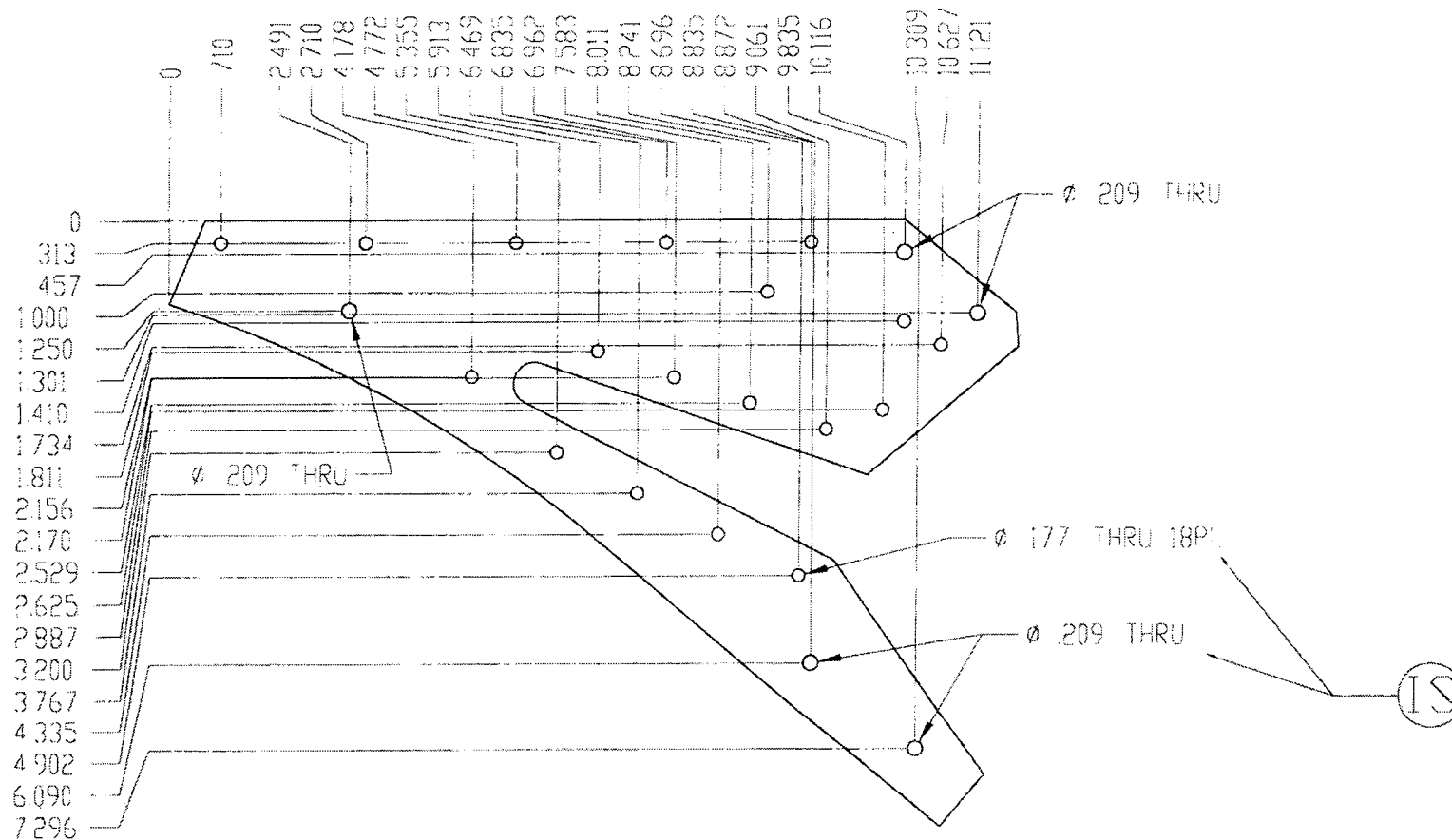
APICAL INDUSTRIES, INC.

ENGINEERING CHANL_ ORDER NO.

02196

SHEET 2 OF 2

SHEET 3, SECTION VIEW A-A, IS:



F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
-----	----	-------------	-----	-------------	------------------------

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APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT
THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



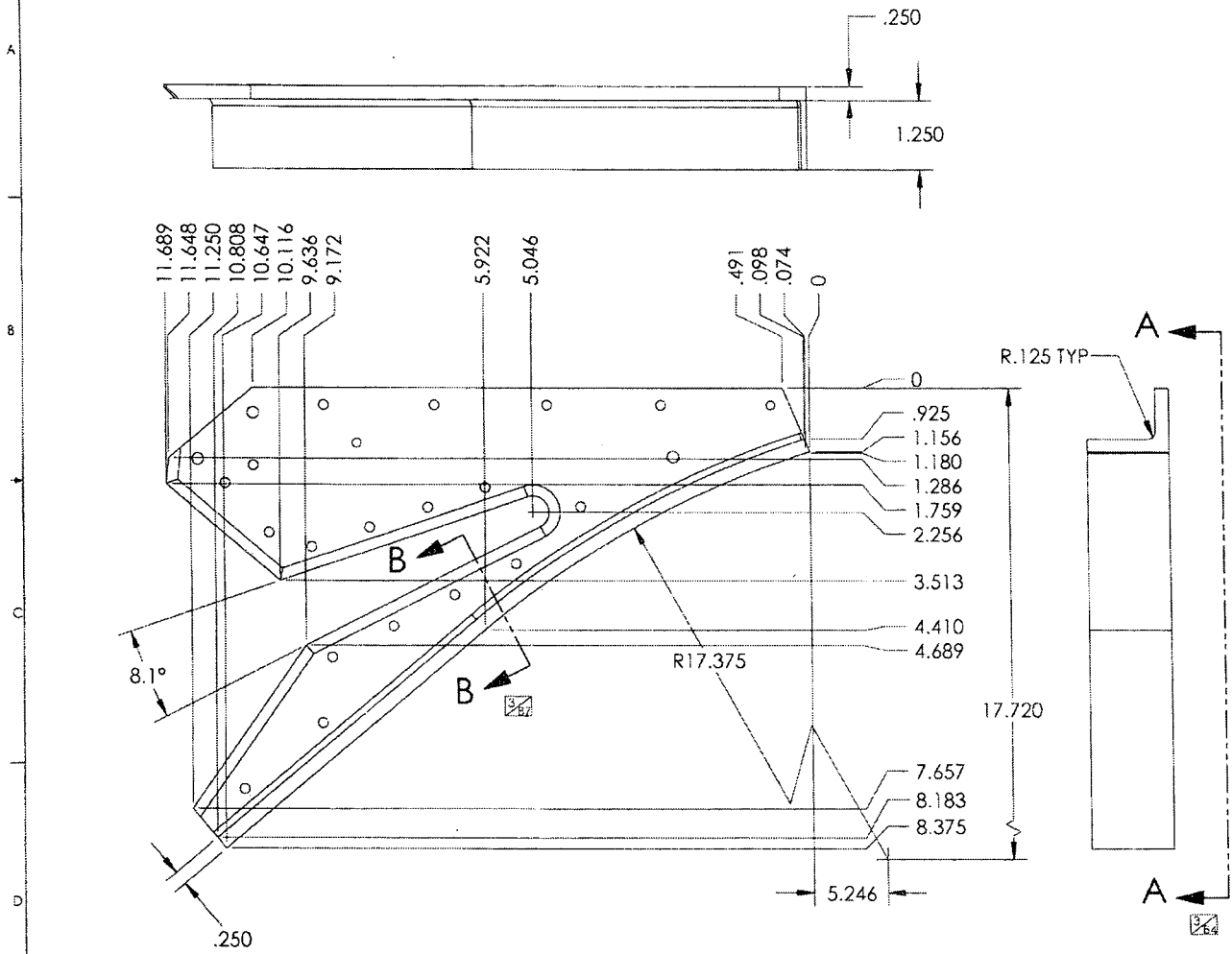
02196, 03724

- 646.3301
SHOWN EXPLODED

[illegible]

108498

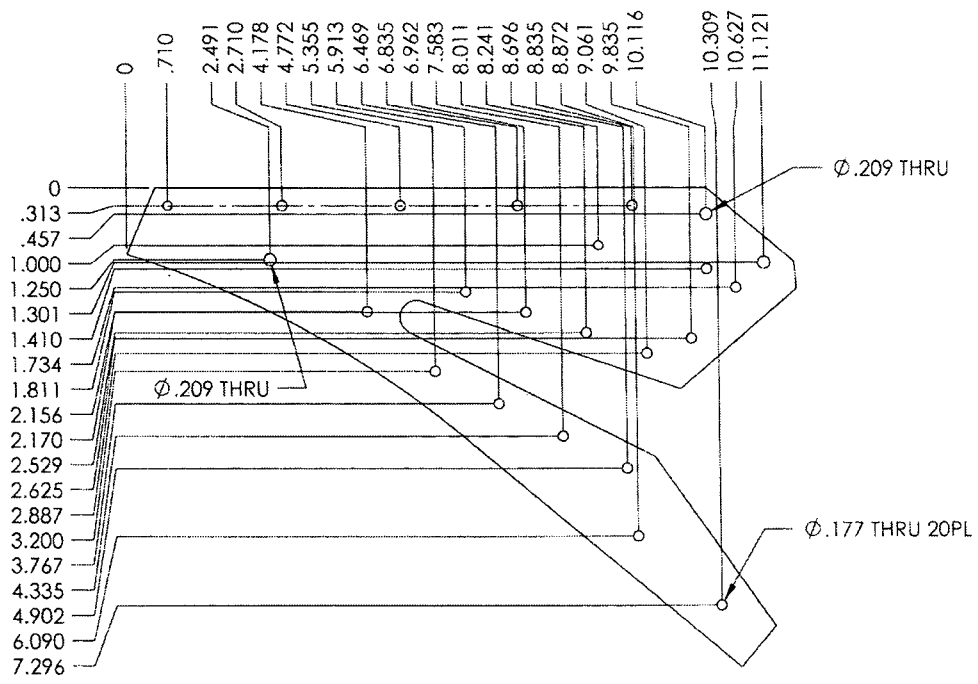
THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF APICAL INDUSTRIES. ANY REPRODUCTION IN PART OR WHOLE WITHOUT THE WRITTEN PERMISSION OF APICAL INDUSTRIES IS PROHIBITED.



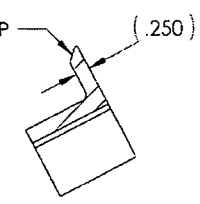
646.3310 SHOWN
646.3311 OPPOSITE

ORIGINAL DATE: 08-28-08 DRAWN BY: J. B. B. / J. B. B. CHECKED BY: P. B. B. / P. B. B. DESIGNED BY: P. B. B. / P. B. B. CONTRACT NO.:		APICAL INDUSTRIES 2605 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 724-5300	
1. GREEN OR OTHER SPECIFIED PAINTING ARE TO BE DONE 2. PLACE DIMENSIONS IN INCHES 3. PLACE DIMENSIONS IN INCHES 4. PLACE DIMENSIONS IN INCHES		SHEET: 07/26 DWG. NO.: 646.3300 SCALE: NONE	PIV: N/C SHEET: 2 OF 8

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SECTION A-A



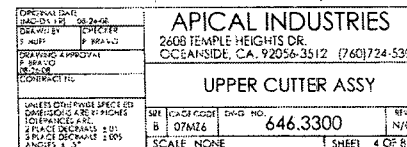
SECTION B-B

ORIGINAL DATE 10/01/00		DESIGNED BY J. MURPHY		CHECKED BY P. BRAVO	
DRAWING APPROVAL		COMPACT 100		UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: FRACTIONS DECIMALS .01 ANGLES .5°	
SIZE	CAGE CODE	QWS NO	REV		
b	07M16	646.3300	N/C		
SCALE NONE			SHEET 3 OF 6		

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760) 724-5300

UPPER CUTTER ASSY

REVISED			
REV	DESCRIPTION	DATE	APPROVED



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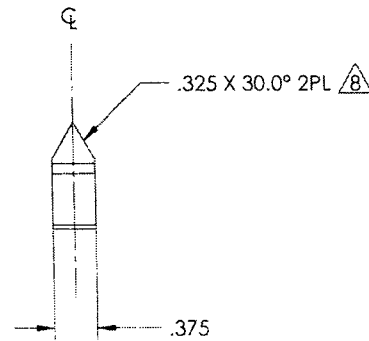
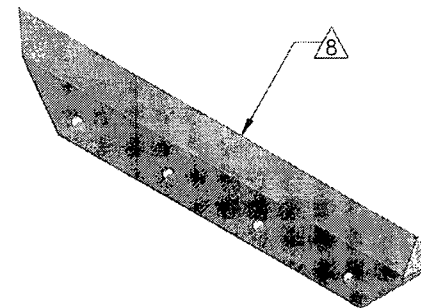
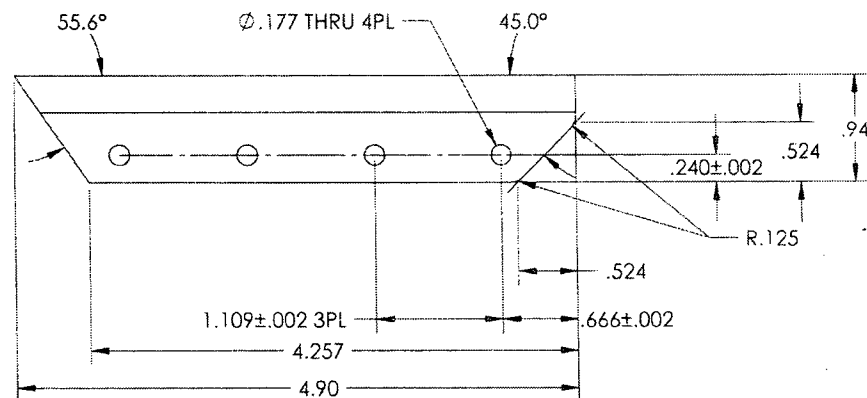
DETAIL A

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512 (760)724-5300

108498

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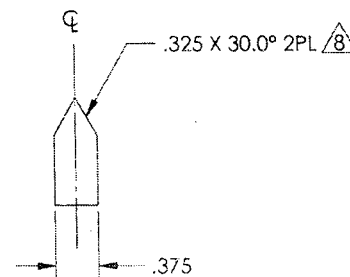
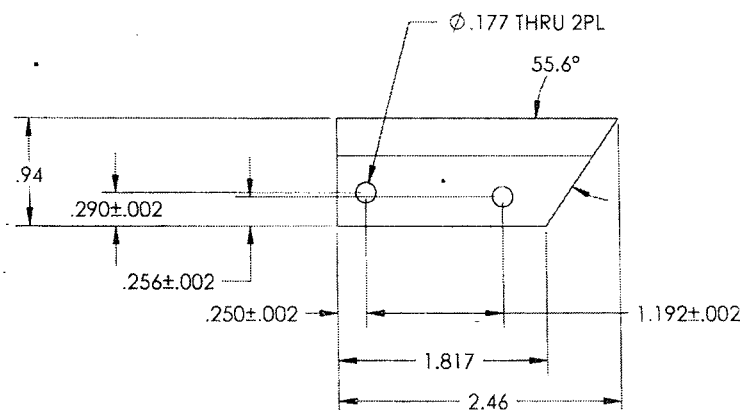
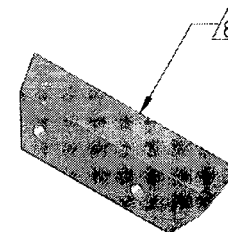
REVISIONS			
REV	DESCRIPTION	DATE	APPROVED



646.3314

DRAWN: DATE: 08-20-08		APICAL INDUSTRIES	
CHECKED: 08-20-08		2608 TEMPLE HEIGHTS DR.	
DESIGNED: 08-20-08		OCEANSIDE, CA. 92056-3512 (760)724-5300	
MATERIAL: 646.3300		UPPER CUTTER ASSY	
FINISH: 646.3300		646.3300	
SCALE: NONE		SHEET 6 OF 6	

REVISIONS			
REV	DESCRIPTION	DATE	APPROVED



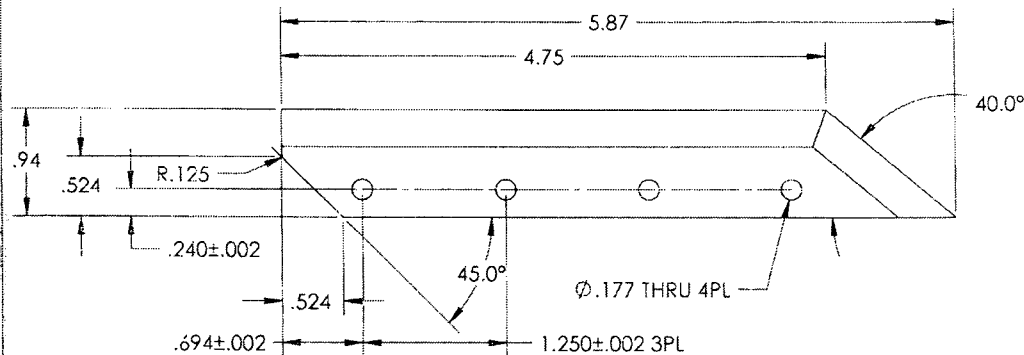
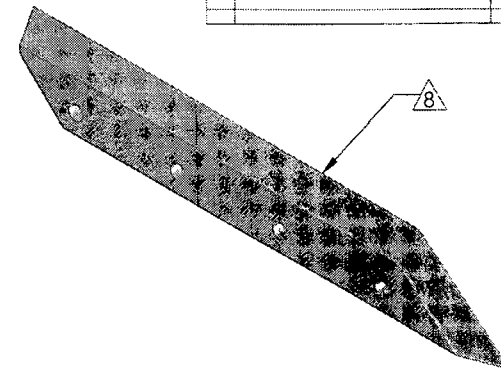
646.3315

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108498

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REVISIONS			
REV	DESCRIPTION	DATE	APPROVED



646.3316

ORIGINAL DATE INSTRUMENT DRAWN BY S. HUI DRAWING APPROVAL P. TRAVIS REVISION CONTRACT NO	APICAL INDUSTRIES 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA 92056-3512 (760) 724-5300
UNLESS OTHERWISE SPECIFIED DIMENSIONS ARE IN INCHES TOLERANCES ARE: 2 PLACE DECIMALS ±.01 3 PLACE DECIMALS ±.005 ANGLES ±.5°	UPPER CUTTER ASSY
SHEET CODE B	DWG. NO. 646.3300
SCALE NONE	SHEET 6 OF 8



Metcor Inc.

560, boul. Arthur-Sauvé, St-Eustache (Québec) J7R 5A8

Tél. 450 473-1884

Télécopieur/Fax administration 450 491-5498

Télécopieur/Fax production 450 491-6454

METCOR INC.

560 BOUL. ARTHUR-SAUVÉ, ST-EUSTACHE, QC, J7R 5A8

Tél.: 450-473-1884

Télécopieur / Fax administration: 450-491-5498

Télécopieur / Fax production: 450 491-6454

Rapport d'Inspection

Inspection Report

BON DE TRAVAIL order	CHARGEMENT load
191246	1

CLIENT / customer 215

DART AEROSPACE

1270 ABERDEEN

HAWKESBURY

ON K8A 1K7

LIVRÉ À / shipped to:

DART AEROSPACE

1270 ABERDEEN

HAWKESBURY

ON K8A 1K7

COMMANDE DU CLIENT customer po	BON DE LIVRAISON DU CLIENT customer shipper no.	MATÉRIEL material	CODE DE TRAITEMENT mat'l heat code	NUMÉRO DE LOT lot number
PO22078		A2		

SPÉCIFICATIONS DU PROCÉDÉ

processing specifications

VAC HARDEN

HARDEN AND TEMPER

EXIGENCE / requirement	SPÉCIFICATIONS / specified	TESTS EXÉCUTÉS / performed	RÉSULTATS DE TESTS / results
HARDNESS	58 - 62 HRC	13	58.0 - 60.0 HRC

QUANTITÉ quantity	POIDS weight	DESCRIPTION DES PIÈCES parts description
85	24	846.3013 (6) BLADES REFERENCE: 108153 (10) 846.3014 BLADES REFERENCE 107626 (12) 846.3314 BLADES REFERENCE 108508 (12) 846.3315 BLADES REFERENCE 108498 (12) 846.3316 BLADES REFERENCE 108431 (33) 846.9711 BLADES REFERENCE 108731 MATERIAL: A2 58-62 RC CONTENANT: 1 BOÎTE DE CARTON



26 NOV

METCOR INC.

560 BOUL. ARTHUR SAUVÉ, ST-EUSTACHE, QC, J7R 5A8

Tél.: 450-473-1884

Télécopieur / Fax administration: 450-491-5498

Télécopieur / Fax production: 450 491-6454

Certificat de Conformité Détaillé

Detailed Certificate of Compliance

BON DE TRAVAIL order	CHARGEMENT load
191246	1

CLIENT / customer 215

DART AEROSPACE

1270 ABERDEEN

HAWKESBURY

ON K6A 1K7

LIVRÉ À / shipped to:

DART AEROSPACE

1270 ABERDEEN

HAWKESBURY

ON K6A 1K7

1

COMMANDE DU CLIENT customer po	BON DE LIVRAISON DU CLIENT customer shipper no.	MATÉRIEL material	CODE DE TRAITEMENT mat'l heat code	NUMÉRO DE LOT lot number
PO22078		A2		

SPÉCIFICATIONS DU PROCÉDÉ processing specifications

VAC HARDEN

HARDEN AND TEMPER

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Operation	Temp. spécifiée Specified Temp	Temps de trempage Spécifié Specified Soak Temp	Atmosphere	Carbone Carbon Potential	Q-Media Q-Temp	Four # Furnace #	Date Départ Start Date	Heure d'entrée Time In	Heure de sortie Time Out	Date Complétée Date complete
1.00 CONT. INIT.	LAVAGE		si nécessaire							

METCOR INC.

560 BOUL. ARTHUR-SAUVÉ, ST-EUSTACHE, QC, J7R 5A8

Tél.: 450-473-1884

Télécopieur / Fax administration: 450-491-5498

Télécopieur / Fax production: 450 491-6454

Certificat de Conformité Détaillé

Detailed Certificate of Compliance

BON DE TRAVAIL order	CHARGEMENT load
191246	1

CLIENT / customer 215

DART AEROSPACE

1270 ABERDEEN

HAWKESBURY

ON K6A 1K7

LIVRÉ À / shipped to:

DART AEROSPACE

1270 ABERDEEN

HAWKESBURY

ON K6A 1K7

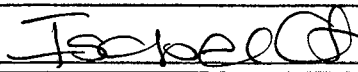
Operation	Temp. spécifiée Specified Temp	Temps de trempé Spécifié Specified Soak Temp	Atmosphère	Carbone Carbon Potential	Q-Media Q-Temp	Four # Furnace #	Date Départ Start Date	Heure d'entrée Time In	Heure de sortie Time Out	Date Complétée Date complete
2.00 PREPARING	COMPTAGE									
3.00 PREHEAT 1	1200	0:30	VAC			390				
4.00 PREHEAT 2	1500	0:30	VAC							
5.00 VAC HARDE	1800	1 hrs 30 minutes	VAC		AZOTE					
6.00 TEMPER	400+/-10°F	2 hrs	air			651				
7.00 TEMPER 2	400+/-10°F	2 hrs	air		651					
8.00 HARDN INS										
9.00 FINAL INSP							11-22-2013			11-22-2013

COMMENTAIRES / comments

Le traitement thermique (TT) a été fait en utilisant des équipements en conformité avec la spécification demandée. Toutes les opérations de TT ont été faites en conformité avec les requis de la spécification demandée et toutes les vérifications et les tests demandés ont été faites et documentés. Aucun changement n'a été faite par rapport au TT. On certifie que le matériel a été fabriqué, échantillonné, testé et inspecté en accord avec les spécifications du matériel et le bon de commande et le matériel rencontre les exigences spécifiées.

Heat treatment (HT) was performed with equipment that meets the requirements of requested specification. All HT operations were performed in compliance with the required HT specification and all verifications have been performed and documented. No unauthorized changes were performed in regards to the HT. We certify that the material was manufactured, sampled, tested and inspected in accordance with the material specification and the purchase order and was found to meet the requirements.

APPROUVÉ par / Approved by:



DATE: 2013-11-22

/ Nous certifions que toute l'information comprise sur ce rapport est exacte et conforme aux requis du client. / We certify that all the information on this report is exact and in accordance with the order requirements.